



Master Record Number	101099586
Type Of Crash	Fatal
Approved By	11663

Tennessee Electronic Traffic Crash Report

Incident Information

Date of Crash 2/3/2016		Day Of Crash Wednesday		Local Agency Number 0470000		Reporting Agency Name Knox Co Sheriffs Office		Agency Tracking Number 1602030223	
Time of Crash 19:32		Time Notified 19:32		Time Arrived 19:32		County Knox		City	
Total Vehicles 1		Total Occupants 2		Total Non-Occupants 0		Total Killed 1		Total Injured 1	
Total UnInjured 0		Hit and Run N		Solved		Police Pursuit N		School Bus Involved No	
Photos Taken Y		By Police		Photographer Name X 11 CAMPBELL					
Area Residential				Interchange Related N		Intersection Type Not at Intersection			
Block Number 7632		Roadway Number		Roadway Name BELL RD				Suffix	
Mile Marker 0.00		Estimated Distance 100.00		Distance Type Feet		Direction South		From Highway/Intersection MOUNTAIN RISE DR	
Suffix		Intersect Number		Roadway Local Id		Intersect Local Id			
Relation To Junction Non-Junction				Relation to Roadway Shoulder				Route Signing County Route	
Work Zone None				Construction Zone					
Construction Location				Workers Present					
First Harmful Event Standing Tree				Trafficway Type Trafficway-OPEN					
Weather Conditions Clear		Light conditions Dark-Not Lighted		Latitude 36.108240		Longitude -83.898680		Rail Crossing Id	
Manner of Collision Not Collision with Motor Vehicle in Transport									
1st Collision Factor				2nd Collision Factor			3rd Collision Factor		

Incident Management

Secondary Crash N		Secondary Crash Type		Blockage Occurred N	
Roadway / Lanes Blocked			Roadway Lanes/ Cleared		
Lanes Blocked					
Incident Started			Incident Cleared		

Investigating Officer Details

Investigation Complete Y		Rank PTL		First Name STEVE		Middle Initial		Last Name LANE		Suffix	
Badge Number 11520		District/Zone 104		Car Number T-6		Report Date 02/04/2016					

Assisting Officers

Rank LT		First Name DAVID		Middle Name		Last Name AMBURN		Suffix	
Badge Number 0000		District / Zone 104		Car Number 300		Report Signed		Report Date	

Vehicle Number 1	Number of Occupants 2	Driver Presence Driver Operated
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Driver Information

First Name HARLEY	Middle Initial T	Last Name MARTIN	Suffix	Date Of Birth 5/5/1987	Age 28
Address Line 1 703 RACCOON VALLEY RD	Address Line 2	City Maynardville	State TN	Zip Code 37807	
Phone 1 0000000000	Phone 2	Phone 3	Race Caucasian/Mexican/Puerto Rican/Other White	Ethnicity Non-Hispanic	Gender M
Drivers License Number 101473651	Drivers License State TN	Expiration Date 2017	Drivers License Class D	Drivers License Status Valid	
Safety Equipment Unknown	Airbag Available-Unknown Deployed	Seat Position Front Seat-Left Side			
Endorsement 1 None	Complied With	Endorsement 2	Complied With	Endorsement 3	Complied With
Restriction 1 None	Complied With	Restriction 2	Complied With	Restriction 3	Complied With
Ejected Not Ejected	Ejection Path	Trapped/Extricated Not Trapped			
Injury Code Incapacitating	Medical Transport EMS-Ground	Ambulance/Hospital UT			

Driver Conditions and Actions

Hit and Run No Hit And Run	Driver/Vehicle Maneuver Going Straight	Distraction Unknown
Driver's 1st Condition Unknown	Driver's 2nd Condition	Driver's 3rd Condition
Driver's 1st Action Failure To Keep In Proper Lane	Drivers 2nd Action Speed Too Fast For Conditions	
Driver's 3rd Action Reckless Negligent Driving	Driver's 4th Action	

Alcohol and Drugs

Presence of Alcohol Yes	Determination Method Evidential Test (Breath, Blood, Urine)	Alcohol Test Status Test Given
1st Alcohol Test Type Whole Blood	1st Alcohol Test Result .18	2nd Alcohol Test Type 2nd Alcohol Test Result
Presence of Drugs No	Determination Method Evidential Test (Breath, Blood, Urine)	Drug Test Status Test Given
1st Drug Test Type Blood Test	1st Drug Test Result Unknown	2nd Drug Test Type 2nd Drug Test Result
		3rd Drug Test Type 3rd Drug Test Result

Driver Violations

1st Violation	1st Violation Category Pending	1st Violation Description	1st Violation Statute
2nd Violation	2nd Violation Category Pending	2nd Violation Description	2nd Violation Statute
3rd Violation	3rd Violation Category	3rd Violation Description	3rd Violation Statute
4th Violation	4th Violation Category	4th Violation Description	4th Violation Statute
5th Violation	5th Violation Category	5th Violation Description	5th Violation Statute

Vehicle Information

Owner Same as Driver N		Owner First Name SARAH		Owner Middle Name E		Owner Last Name HOWE		Owner Suffix	
Address Line 1 417 RED BUD CIR			Address Line 2			City Luttrell		State TN	Zip Code 37779
Phone 2		Phone 3		Vehicle Year 2012		Vehicle Make KIA		Vehicle Model SOUL	
VIN KNDJT2A61C7424938		License Plate Number G5841T		State Tennessee		Plate Expiration 102016		Body Style Four-Door Sedan Hardtop	
HAZMAT? N		FMCSA Reportable? N		Bus Use Not Used As School Bus			Unit Type Motor Vehicle In-Transport		
Gross Weight 10000 or Less-No Haz-8 Or Less					Vehicle Configuration				
Vehicle Operation Type Personally Owned/Used					Cargo Body Type				
1st Factor NONE			2nd Factor			3rd Factor			
Vehicle Special Use No Special Use					Emergency Use N		Override/Underride		
Towed Towed Due To Vehicle Damage			Towed Location CEDAR BLUFF WRECKER SERVICE						
1st Trailer		1st Trailer License Plate Information			2nd Trailer		2nd Trailer License Information		
Insurance 1		Insurance 1 Type Unknown		Insurance 1 Carrier			Insurance 1 Start Date		Insurance 1 End Date
Insurance 2		Insurance 2 Type		Insurance 2 Carrier			Insurance 2 Start Date		Insurance 2 End Date
Insurance 3		Insurance 3 Type		Insurance 3 Carrier			Insurance 3 Start Date		Insurance 3 End Date

Vehicle Damage and Roadway Characteristics

Most Harmful Event Standing Tree			Fire in Vehicle Y		
Events 1 Standing Tree		Events 2		Events 3	
Events 4		Events 5		Events 6	
Point of First Impact All Areas		Extent of Damage Disabling Damage		Officer Damage Estimate Greater Than 400 Dollars	
Areas of Vehicle Damage All Areas					
Travel Direction North		Traveling On BELL RD			
Trafficway Flow Two-Way Not Divided		Roadway Surface Type Asphalt		Number of Travel Lanes Two Lanes	
Trafficway Hazards None					
Traffic Control Devices No Control		Traffic Control Device Functioning No Controls		Roadway Route Signing County Route	
Roadway Surface Conditions Wet		Roadway Character Alignment Straight		Roadway Character Profile Level	
Speed Limit 30		Access control No Control			

Occupants

Person Type Passenger									
First Name SARAH		Middle Name E		Last Name HOWE		Suffix	Date Of Birth 3/24/1987	Age 28	
Address Line 1 417 RED BUD CIR			Address Line 2			City Luttrell		State TN	Zip Code 37779
Phone 1 0000000000		Phone 2		Phone 3		Gender F		Seating Position Front Seat-Right Side	
Airbag Available-Unknown Deployed			Safety Equipment Unknown						
Ejected Not Ejected			Ejection Path				Trapped/Extricated Not Trapped		
Injury Code Fatal			Medical Transport EMS-Air				Ambulance/Hospital UT		

Alcohol and Drugs

Presence of Alcohol No		Determination Method		Alcohol Test Status Test Not Given							
1st Alcohol Test Type		1st Alcohol Test Result		2nd Alcohol Test Type		2nd Alcohol Test Result					
Presence Of Drugs No		Determination Method		Drug Test Status Test Not Given							
1st Drug Test Type		1st Drug Test Result		2nd Drug Test Type		2nd Drug Test Result		3rd Drug Test Type		3rd Drug Test Result	

Violations

1st Violation	1st Violation Category	1st Violation Description	1st Violation Statute
2nd Violation	2nd Violation Category	2nd Violation Description	2nd Violation Statute
3rd Violation	3rd Violation Category	3rd Violation Description	3rd Violation Statute
4th Violation	4th Violation Category	4th Violation Description	4th Violation Statute
5th Violation	5th Violation Category	5th Violation Description	5th Violation Statute

Commercial Carrier Information

US DOT		Carrier Name				Carrier Type				ICC MC		TN DOS		
Address Line 1			Address Line 2			City			State		Zip Code		Phono	
1st Hazardous Materials		HAZMAT Class	Placard	Placard #	Released	Hazardous Materials Released								
2nd Hazardous Materials		HAZMAT Class	Placard	Placard #	Released	Hazardous Materials Released								
3rd Hazardous Materials		HAZMAT Class	Placard	Placard #	Released	Hazardous Materials Released								

Collision Witnesses

First Name DANNY	Middle Name	Last Name HICKEY	Suffix	Date Of Birth
Address Line 1 7616 BELL RD	Address Line 2	City Knoxville	State TN	Zip Code 37838
Phone 1 8652156000	Phone 2 8652565605	Phone 3		

Property Owner Information

Other Property Damages Private Property-Under 400		Property Description MAIL BOX		
First Name SHAWN	Middle Name D	Last Name NICHOLSON	Suffix	
Address Line 1 7632 BELL RD	Address Line 2	City Knoxville	State TN	Zip Code 37838
Phone 1 8656847348	Phone 2	Phone 3		

Narrative

On 02/03/2016 at 1932 hours, I officer Lane, T-6 was called to Bell Rd to investigate an auto accident. After hearing statements from officers and a witness on the scene I determined that Driver 1 was traveling at a high rate of speed on Emory Rd. passing other vehicles on the double yellow line. Chief Henderson witnessed driver 1 speeding and passing the other vehicles. Chief Henderson observed vehicle 1 turn right onto Brown Gap Rd. Chief Henderson called Lt Amburn and advised Amburn about driver 1's reckless behavior. Lt Amburn was standing by at Brown Gap and Crippen Rd. Lt Amburn states driver 1 saw him sitting on Brown Gap with his blue lights activated and, without slowing down, driver 1 slid his vehicle sideways and through a ditch, almost hitting Lt Amburn head on. Driver 1 then sped off at a high rate of speed down Brown Gap Rd. then turning onto Bell Rd. traveling east bound. Vehicle 1 crossed Emory Rd and continued onto Bell Rd. While negotiating a curve driver 1 lost control, ran off the road and hit a tree. Vehicle 1 caught fire. The passenger was found next to the passenger side of the vehicle. The driver was pulled from the vehicle. The passenger was air-lifted to UT Hospital where she later passed away from her injuries. While in the hospital, driver 1 made a statement to Lt Amburn that he should not have been driving because he was under the influence of an intoxicant.

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 COLLISION (11/17/2017)  DIAGRAM (11/17/2017)  Map

